



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us



March 13, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:


An investigation has been made regarding the application of GW Midwest LLC, d.b.a. Great Wraps, 1422 'O' Street requesting a class I liquor license.

Harlan Musil, owner has requested that he be approved as the manager of the liquor license.

Background information Mr. Musil will be omitted as he was approved by the Council in 1994 as an owner at the Q bar.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) GREAT WRAPS

☒ Manager

☒ Owner

Other _____

Name: HARLAN MUSIL

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? ☒ No Yes

Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes

Explain _____

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 50 - 60

Any other employment ? ☒ No Yes, explain _____

Any previous experience with a liquor license ? ☒ Yes No

Any criminal convictions ? No

☒ Yes

Comments TRAFFIC

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes

Comments _____

☒ Photo

☒ Records Check

☒ References

Comments Approved on Q License

Interview Date 2/28/06 - phone



FILED

FEB 28 2006

STATE OF NEBRASKA

Dave Heineman
Governor

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

February 24, 2006

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

GW Midwest LLC
dba Great Wraps
1422 O Street 68508
Class I

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B. Matulka

NEBRASKA LIQUOR CONTROL COMMISSION

Jackie B. Matulka

Licensing Division

Rhonda R. Flower
Enclosures Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

Local-jbm

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LICENSE APPLICATION CHECKLIST

Applicant Name Dan Throener Telephone # 402-475-9929
Trade Name GW Midwest Previous Trade Name NEBRASKA LIQUOR CONTROL COMMISSION

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked off and included or marked N/A for not applicable.

- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 per person. All areas must be completed on cards as per brochure.
- ☒ 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ☒ 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
- ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- N/A 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
- N/A 6. Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- N/A 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

- N/A 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- N/A 9. For Individual and Partnership applications enclose proof of citizenship, birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.
- ☒ 10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

When you have completed this checklist, the application form(s) and attached a the required documents, in triplicate, submit them to: **Nebraska Liquor Control Commission, 301 Centennial Mall South, PO Box 95046, Lincoln, NE 68509-5046**

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.


Signature

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

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NEBRASKA LIQUOR
CONTROL COMMISSION

OFFICE USE ONLY

No Special Permit Required per Applicant

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$295.00 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$545.00 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 5,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1
☐ Partnership License, requires insert form 2
☒ Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Dan Throener Phone: 402-540-0390

Firm Name: G W Midwest

Firm address: 1429 O Street Lincoln NE 68508

PREMISE INFORMATIONTrade Name (doing business as) Great WrapsStreet Address #1 1422 'O' Street

Street Address #2 _____

City Lincoln County LancasterZip Code 68508Telephone number at premise to be licensed 402-475-9727Is this location inside the city/village corporate limits: ☒ YES ☐ NO

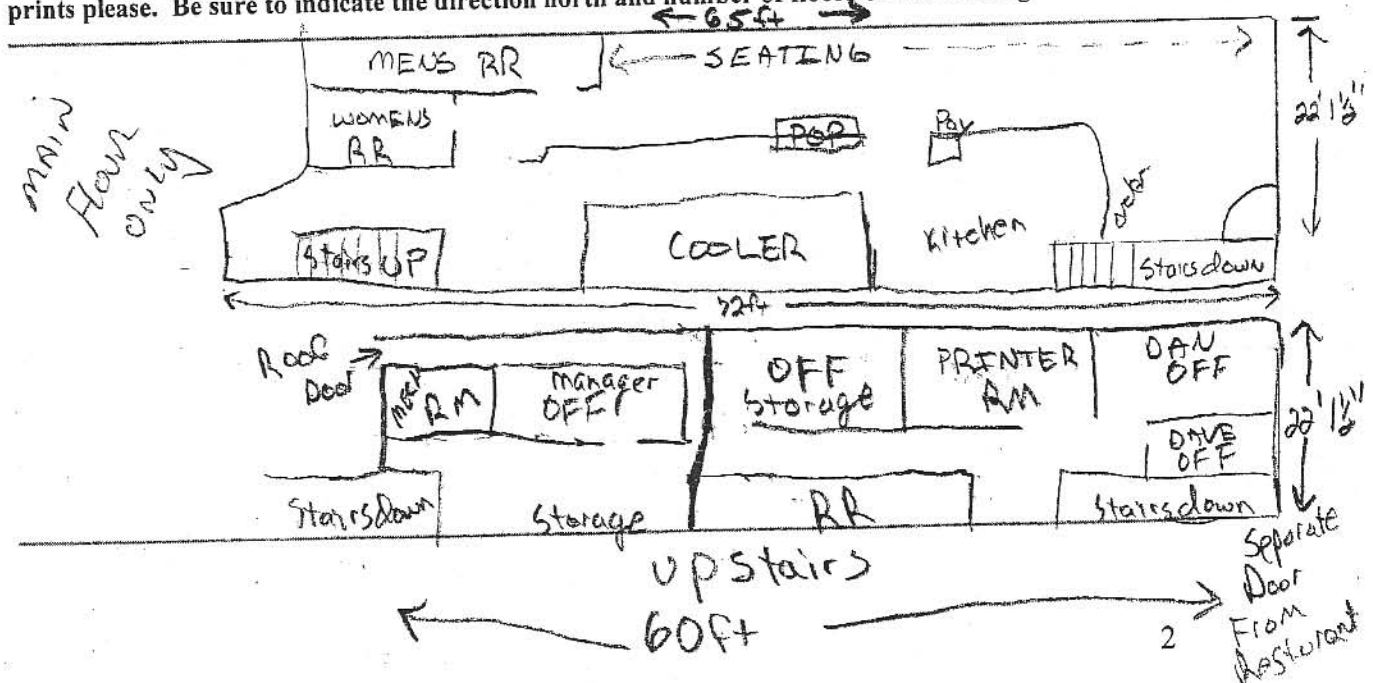
Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: GW MidwestStreet Address #1 1422 'O' Street

Street Address #2 _____

City Lincoln County LancasterZip Code 68508**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Neslodek First Name David
Social Security Number _____ Date of Birth _____
Title Co-Manager Number of Shares _____
Spouse Name (indicate N/A if single) Jenny Bondigan-Neslodek
Spouse Social Security Number _____ ~~_____~~ Date of Birth _____
Title Not Member of LLC Number of Shares _____

Last Name Throener First Name Daniel
Social Security Number _____ Date of Birth _____
Title Co-Manager Number of Shares _____
Spouse Name (indicate N/A if single) Hazell Rodriguez
Spouse Social Security Number _____ Date of Birth _____
Title Not Member of LLC Number of Shares _____

Last Name _____ First Name _____
Social Security Number _____ Date of Birth _____
Title _____ Number of Shares _____
Spouse Name (indicate N/A if single) _____
Spouse Social Security Number _____ Date of Birth _____
Title _____ Number of Shares _____

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

GW Midwest LLC

Corporate Street Address: 1387 H Rd

City: Wax Pnt State: NE Zip Code: 68788

Corporate Telephone Number 402-475-9729

Total number of shares issued (if corporation) _____

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? _____

Name of Registered Agent Brian Ridenour

Name of Proposed Manager ~~Don Throener~~ Herlen Musil
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Throener First Name: Daniel M. D

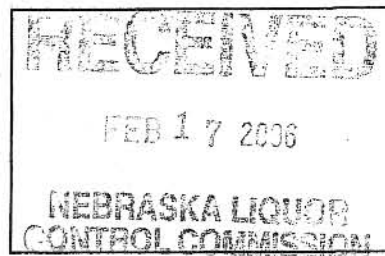
Address Street 5619 Longhorn Cir City Lincoln

State NE Zip Code 68516 Home Phone number 402-328-8551

Social Security Number _____ Date of Birth _____

**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION GW Midwest
CLASS & LICENSE NUMBER _____
TRADE NAME Great Wraps
STREET ADDRESS 1472 'O' Street CITY Lincoln

Dan Tholen

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Harlan R Musil
ADDRESS 2525 Shawnee CT
CITY Lincoln STATE NE ZIP CODE 68507
HOME PHONE NUMBER (402) 421-1264 BUSINESS PHONE NUMBER (402) 475-9727
SEX ☒ MALE ☐ FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH Grand Island Nebraska
DRIVERS LICENSE NUMBER & STATE _____ - Nebraska

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME NOT MARRIED
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____

READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES

☐ NO

1994 - 226 S 9th street "The Q" #?

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES

☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?

☒ YES

☐ NO

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Lincoln Nebraska	1984 Present		

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
12-2003 8-2005	South East Community College	Jo Taylor	437-2465
9-2002 12-2002	STEAK Escape	Thomas Simonsen	(303) 641-4939

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ Yes If yes, please explain below or attach a separate page.

☐ No

Dan Throener
Multiple traffic violations non-alcoholic related
M.I.P. and littering in 1987

Harlan Musil
Multiple traffic violations non-alcoholic related

David Vesladek
Multiple traffic violations non-alcoholic related
Procuring in 1991 Careless Driving 1988

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

☐ Yes

Current business name and license number _____

☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement.

Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.

☐ Yes

☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

☒ Yes

1st Community Bank Omaha Neb

☐ No

in wives, children, or grandchildren
at the name of such institution
Neb. Rev. Stat. 53-177.

ent officer? If yes, list the
the person's exact duties.

branch if applicable) to be
will be authorized to write
e institutions.

an Throener

braska or any other state by any
holder name, location of license
tion of any licenses previously

to Q at 226 5th Street
- 2004
haves.

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Harlan Musil 50 hrs/week

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13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

10 years at The Q in Lincoln Nebraska as Manager
Taught Beverage Sales + Management at Southeast Community College for 2 years
Studied materials on alcohol safety / Training w/ The Nebraska Restaurant Association

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

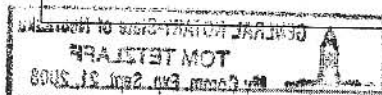
- ☒ Lease: expiration date _____
☐ Deed
☐ Purchase Agreement

15. When do you intend to open for business? we are already opened

16. What will be the main nature of business? What are the anticipated hours of operation? Restaurant Mon - Wed 10:30AM - 9:00PM
Sunday Closed Thurs - FRI SAT 10:30AM to 2:00AM

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Harlan Musil - 2525 Shawnee CT 68507	2002	Present	Lincoln / NE
Harlan Musil 1734 N 24th Street 68506	1997	2002	Lincoln / NE
Harlan Musil 1735 S 27th Street 68502	1987	1997	Lincoln / NE
Don Throener 5619 Langham Cir 68516	1999	Present	Lincoln / NE
Don Throener 8901 A Street 68	1994	1999	Lincoln NE
David Neslodek 1387 HRd	1989	Present	West Point NE



The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

Dan Thoenner
(sign here)

Hazel Rodriguez
(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

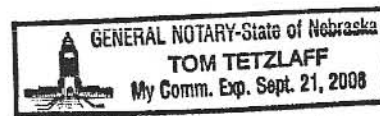
(sign here)

(sign here)

(sign here)

Daniel Thoenner & Hazel Rodriguez
Subscribed in my presence and sworn to before me this

26th day of January, 2006



[Signature]
Notary Public Signature & Seal

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

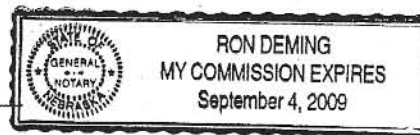
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

<u>Paul M. M. M.</u> (sign here)	_____	(sign here)
<u>Frankie M. M.</u> (sign here)	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)
_____	_____	(sign here)

Subscribed in my presence and sworn to before me this

17 day of January, 2006

Ron A.
Notary Public Signature & Seal

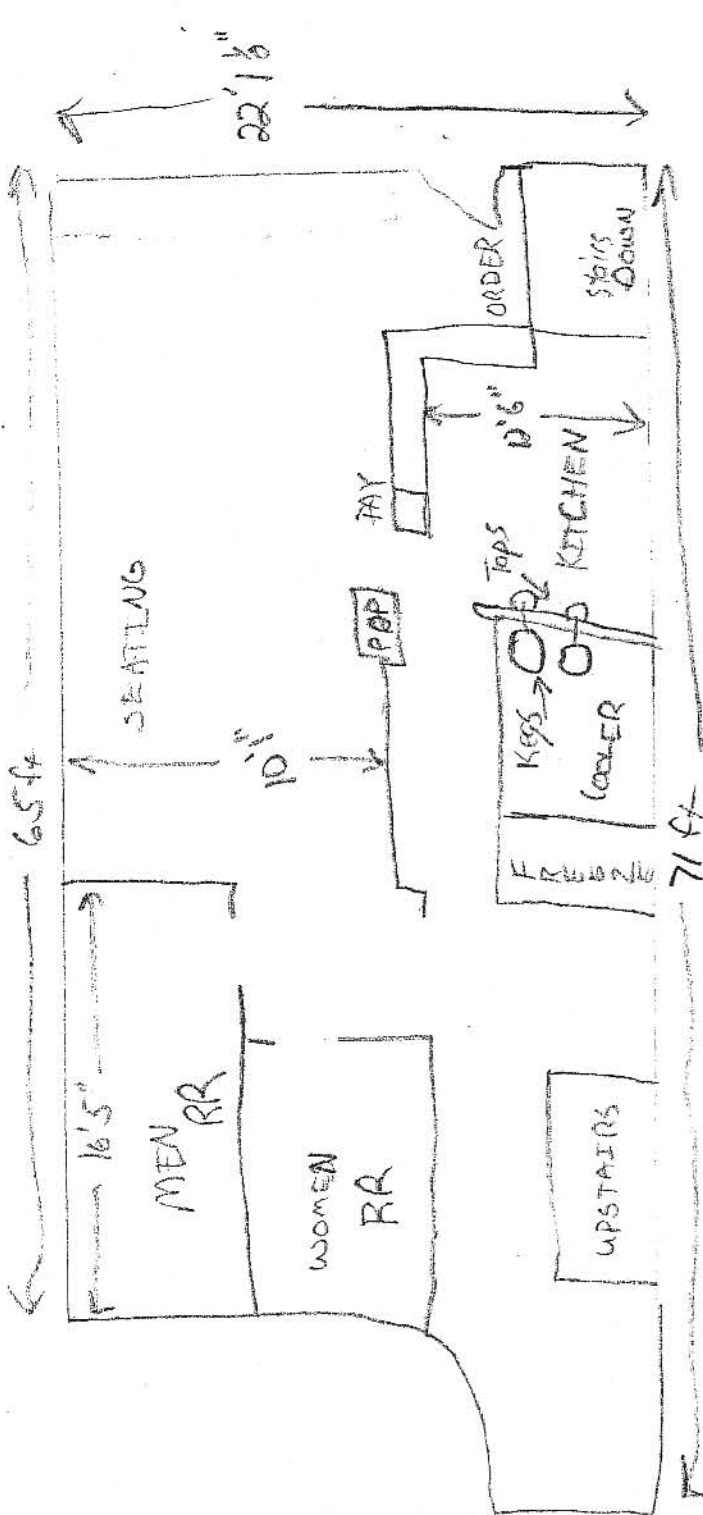


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FORM 35-4010
REV. 4/05

← North

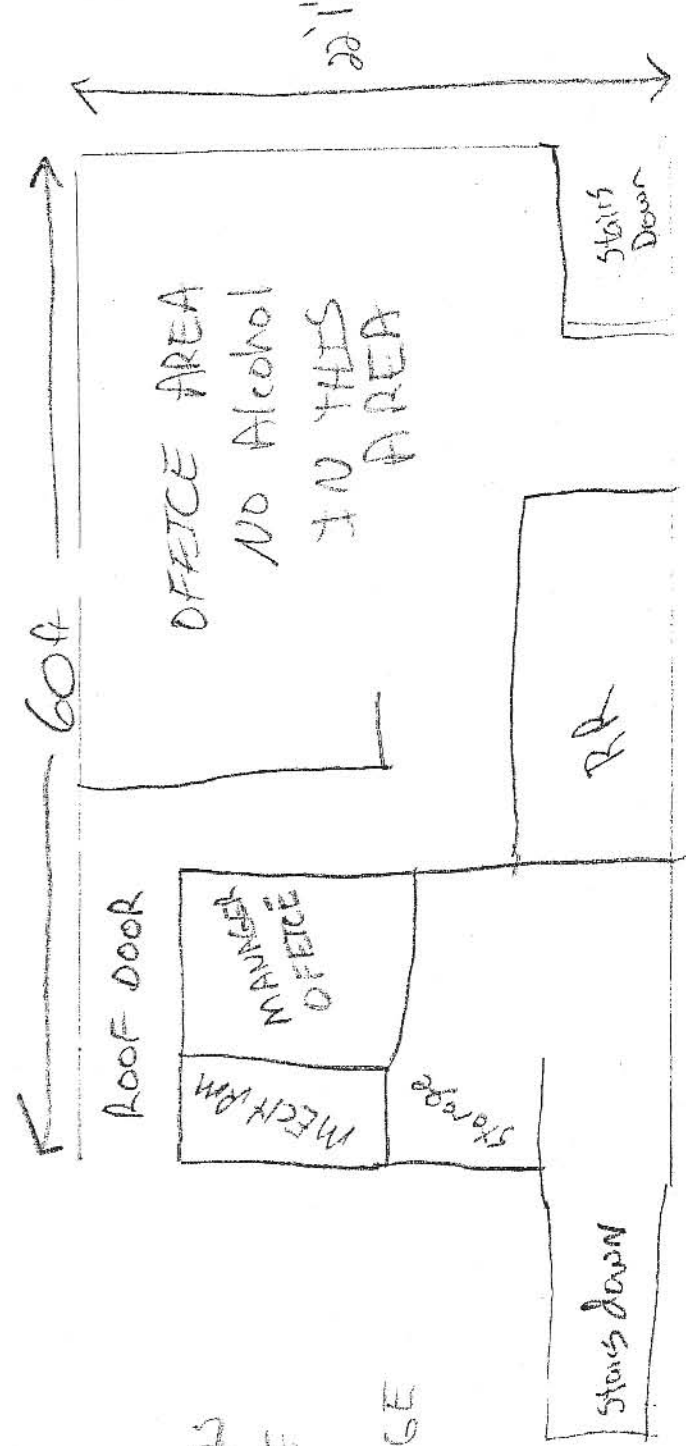
MAIN
Resturant
AREA



→ O' street

Basement
Storage no Alcohol
Below

UPSTAIRS
NO Alcohol
UPSTAIRS
OFFICE
STORAGE
PITTON



**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Harlan R. Muel

Signature of Applicant

Signature of Spouse

Subscribed in my presence and sworn to before me this
day of February 2006

Subscribed in my presence and sworn to before me this
day of _____

Kim D. Huerta

Notary Signature & Seal

Notary Signature & Seal



Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date January Ending Date December

Dan Throen
Signature of President/Managing Member

Kim D. Huerta
Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

17 day of February, 2006

Kim D. Huerta
Notary Public Signature & Seal

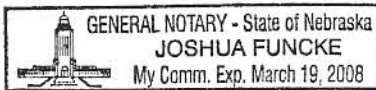
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Hazel P. [Signature]
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 13 day of January, 2006.



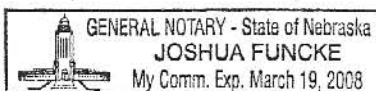
[Signature]
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]
Signature of Licensee/Applicant

Don Throener
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 13 day of January, 2006.



[Signature]
Signature of Notary Public

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NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

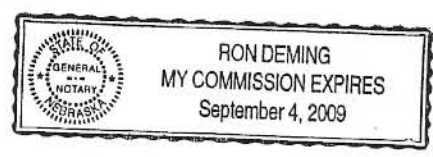
FEB 17 2006

NEBRASKA LIQUOR
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Jenny C. Bendigen-Nesladek
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 30 day of December, 2005.



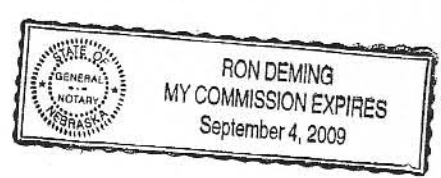
Ron A.
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

David C Nesladek
Signature of Licensee/Applicant

David C Nesladek
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 30 day of December, 2005.



Ron A.
Signature of Notary Public